

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 551 806

FILING DATE

9.30.05

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		2		
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22						
23						
24						
25						
26	1		1			
27		1		1		
28		2		2		
29		2		2		
30						
31						
32						
33						
34						
35						
36						
37						
38						
39	1		1			
40		1		1		
41		1		1		
42		1		1		
43		1		1		
44		1		1		
45		6		6		
46						
47						
48						
49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1		1		
52		1		1		
53		1		1		
54		1		1		
55		1		1		
56	1		1			
57		1		1		
58		1		1		
59		2		2		
60		2		2		
61		1		1		
62		1		1		
63		1		1		
64		1		1		
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98						
99						
100						
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.	←		63	←	←	
TOTAL CLAIMS			67			